



PROJECT SKILL-UP APPLICATION



Personal Information

1. Full Legal Name: _____
2. Mailing Address: _____
3. City, State, Zip Code: _____
4. County of Residence: _____
5. Email Address: _____
6. Phone Number: _____
7. Cell Phone Number: _____
8. Date of Birth: _____

Employment Status/Eligibility

9. Eligibility (Please check all that apply.)
 - I am currently unemployed and looking for work.
 - I am working but earn less than 200% of the federal poverty guidelines and looking to advance in my career or make a job change.
 - Other (Please explain.) _____
 - Current Employer: _____
 - Job Title: _____

Tobacco and Agriculture Connection (Please circle your answer.)

- | | | |
|--|-----|----|
| 10. Are you a former tobacco quota holder? | YES | NO |
| 11. Are you a current or former tobacco farmer? | YES | NO |
| 12. Do you have family members who have worked in the tobacco industry or tobacco farming? | YES | NO |
| 13. Have you become unemployed due to changes in the tobacco industry in the area? | YES | NO |
| 14. Does your family derive income from a farming enterprise? | YES | NO |

Class Information

- | | | |
|------------------------------------|--|---|
| <input type="radio"/> CNA I Day | <input type="radio"/> Pharmacy Technician | <input type="radio"/> Production Technician |
| <input type="radio"/> CNA I Night | <input type="radio"/> Dietary Manager | <input type="radio"/> Welding Plate |
| <input type="radio"/> CNA II Day | <input type="radio"/> EMT Basic | <input type="radio"/> Certification |
| <input type="radio"/> CNA II Night | <input type="radio"/> Medical Billing/Coding | <input type="radio"/> Career Readiness |
| <input type="radio"/> Phlebotomy | <input type="radio"/> Paramedic Training | <input type="radio"/> Certification |

For EMT and CNA courses please attach a copy of your TABE placement test scores. If you need to schedule this assessment, please contact the Testing Center at 862-1238. Applications that do not include placement test scores will be considered incomplete.

Impact Statement

Applicants must submit a short statement describing how the Project Skill-UP program will impact their training and employment goals. Explain why you need financial assistance and how the class you want to take will help you reach your career goals. **Applications without the impact statement will not be considered.** If needed, a second page may be included and attached to the application.

I hereby verify that all the information given by me as written on this form is complete and accurate to the best of my knowledge. I will inform the Project Skill-UP Coordinator if my contact information changes and will provide updates on my progress in class and job search.

Signature: _____ Date: _____

Completed applications should be returned to:
Wendy Vann, Associate Dean of Continuing Education and Workforce Development
Office: Freeland Building, Office 125 Phone: 252-862-1234 Email: wpvann6919@roanokechowan.edu

For Office Use Only

Date completed application received: _____ Career Readiness Certificate/Test Date: _____

Amount of funds awarded: _____ Reason application was denied: _____

Date acceptance letter mailed to participant: _____

Course Name	Course ID	Start Date	End Date	Course Status	Credentials Earned

Employer Name: _____ Job Title: _____

Follow-up Notes: